

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/586576	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			1		51			51		
2				1				52			52		
3					1			53			53		
4						1		54			54		
5							1	55			55		
6								56			56		
7								57			57		
8								58			58		
9								59			59		
10								60			60		
11								61			61		
12								62			62		
13								63			63		
14								64			64		
15								65			65		
16								66			66		
17								67			67		
18								68			68		
19								69			69		
20								70			70		
21								71			71		
22								72			72		
23								73			73		
24								74			74		
25								75			75		
26								76			76		
27								77			77		
28								78			78		
29								79			79		
30								80			80		
31								81			81		
32								82			82		
33								83			83		
34								84			84		
35								85			85		
36								86			86		
37								87			87		
38								88			88		
39								89			89		
40								90			90		
41								91			91		
42								92			92		
43								93			93		
44								94			94		
45								95			95		
46								96			96		
47								97			97		
48								98			98		
49								99			99		
50								100					
TOTAL IND.		↓	1	↓		↓		TOTAL IND.		↓			
TOTAL DEP.		←	14	←		←		TOTAL DEP.		←			
TOTAL CLAIMS			17					TOTAL CLAIMS					